

MENTAL HEALTH UPDATE

July 2, 2008



Circle of Courage

Children and adolescents experience continual and profound physical, mental, and emotional development. Effective care requires an individual analysis of that child's developmental stage. In addition, children are strongly impacted by the social environments of their family and peers as well as the physical and cultural surrounding of their community. Families, schools, and communities are essential partners to nurture resilience and to protect against risks.

*The next four issues of the Mental Health Update will highlight a section of **The Circle of Courage** as described by Brendtro, Brokenleg, and Van Bockern. The Circle of Courage is a nationally recognized paradigm for promoting growth and resilience in youth. It has 4 sections:*

*** Belonging * Mastery * Independence * Generosity**



Mastery

All children and adolescents have their personal combination of natural abilities and learned knowledge. Important protective factors include the following.

- ✧ Teach life skills (e.g., how to make a good decision, refusal, conflict resolution and negotiation, how to make a friend).
- ✧ Make the most of children's curiosity and set up ways so they can learn from others.
- ✧ Keep learning pleasurable.
- ✧ Encourage teamwork to master skills.
- ✧ Celebrate all levels of achievement.

CHILDREN'S MENTAL HEALTH

The BEST Institute

The Department of Education in collaboration with UVM's CDCI (Center for Disability and Community Inclusion) held it's annual BEST Institute on June 23rd at the Killington Grand Hotel. One of the many interesting keynotes and "strands" was conducted by Lucille Eber of Illinois. She is one of the pioneers of the Wraparound movement. Now she is speaking around the country about how PBS (Positive Behavioral Supports) and Wraparound fit well together to improve school outcomes for students. Her hands on experience in implementing and integrating these models for the past 10 years was very instructive. As Vermont implements Mental Health services within the PBS schools it will be important to learn from these experiences. For more information please contact Danielle Grise or Charlie Biss at the Department of Mental Health.

SIT Retreat

On June 18th, SIT (State Interagency Team) held its annual retreat in Waterbury. In the morning SIT looked at the work of the interagency implementation team and its most current efforts to get improved data regarding the training needs and use of coordinated service plans around the state. Recently a survey seeking this information was distributed to a broad array of stakeholders by the committee. It is important that all persons complete the evaluation form that was sent to them by this committee, as participation in this effort is important. Later in the morning, the group finalized plans to allocate the Hi Risk Pool to the local AHS districts with instructions on how to use these resources. One of SIT's goals for this year was to have more significant discussion on various policy issues. After lunch, these conversations began and included the following issues: children with developmental disabilities, children who experience disrupted adoptions, children with sex offending behaviors, children who are unilaterally placed in residential programs, and the interagency system of care plan. Melissa Bailey and Charlie Biss are the two DMH representatives on SIT.

ADULT MENTAL HEALTH

DMH Awarded PATH Grant

The Division of Mental Health has been awarded \$300,000.00 by the SAMHSA's Projects for Assistance in Transition from Homelessness (PATH). This grant award will continue to support outreach services to homeless people with serious mental illnesses and improve access to mental health services. PATH focuses on outreach to eligible homeless consumers, coupled with community support to ensure that those consumers are connected with mainstream services.

HCRS & Bread Loaf Corporation Recognized for Sustainability

In the fall of 2005, Health Care & Rehabilitation Services of Southeastern Vermont (HCRS) teamed up with Bread Loaf Corporation of Middlebury, Vermont, to help consolidate seven of their scattered office and treatment centers into one new 30,000 square-foot facility. Their objective was "to create quality, healthy spaces where individuals feel uplifted by the color, light, texture, and harmony of their surroundings." Together they developed a concept for a healthy, sustainable building that was not just "green" and environmentally friendly; but also designed to last, or sustain, by being flexible and enduring.

The new building has been recognized widely for these remarkable efforts. It was awarded first place in the New Construction category of the Better Buildings by Design 2008 Design Competition, sponsored by Efficiency Vermont. This award recognizes the innovative and integrated design approach towards energy efficiency and high performance building. The project also received the 2007 Excellence in Design Award from the Vermont Chapter of the American Institute of Architects, citing excellence in sustainability. In addition, Bread Loaf architects received a letter from Bernard Sanders, U.S. Senator, commending all involved for demonstrating an extraordinary level of innovation for sustainability.

HCRS, the designated mental health agency for the southeast corner of Vermont, currently serves more than 4,500 Vermonters each year. HCRS' mission is to provide exemplary service by a team passionate about improving the quality of life in our

communities. Congratulations to HCRS and Breadloaf Construction on this accomplishment.

Agencies Attend Training and Express Enthusiasm about Smoking Cessation Efforts

Approximately 30 CRT and nursing staff from nine Designated Agencies, the Vermont State Hospital and Second Spring participated in a one-day training on strategies to help people with SPMI quit smoking. In addition to a presentation on the prevalence of smoking among this population, and the some of the reasons many people with mental illness smoke heavily, the group learned about the impact of this behavior on the health status of this population. Anthony Quintiliani of the HowardCenter presented an overview of Stages of Change theory, the value of mindfulness, and Clinical Health Psychology. Bill-Fagginer-Auer of Washington County Mental Health Services helped the group understand some of the skills involved in conducting a smoking cessation group by using the training participants as a role-play group. The role-play was an effective way to model effective practice and interventions.

The trainers distributed and discussed two manuals that outline evidence-based practice for assisting people with mental illness quit smoking. There was evident enthusiasm from Designated Agencies to proceed with various strategies to work with their clients toward the goal of smoking cessation. Each organization present discussed their efforts to date and expressed interest in expanding their work on this issues as well as other wellness issues. Evaluations from the training indicated that it was a useful and productive day and a useful motivator for agencies to do more in this area. It is likely that a 6-month follow-up meeting will be scheduled to discuss progress and provide more advanced training.

The training was co-sponsored by DMH, The Vermont Department of Health and the American Cancer Society.

CRT Supported Employment Strategic Planning Event for July 9th

On July 9th, members of the CRT Supported Employment (SE) Leadership Committee and other interested stakeholders will meet for a full day retreat to develop a draft strategic plan that will guide the state's ongoing activities to improve and sustain the quality and quantity of supported employment for individuals receiving services through Community Rehabilitation and Treatment (CRT) programs. The committee is composed of a cross representation of stakeholders including consumers, family members, advocacy groups, SE employment coordinators, CRT coordinators, Voc Rehab leadership, Mental Health leadership, and MH state personnel who are interested in sustaining high quality supported employment services. Participants at the retreat will focus on developing specific recommendations for three broad goals that have been identified by the Supported Employment Leadership Team:

- 1) Increase the capacity of SE Programs
- 2) Improve how Vermont evaluates SE programs
- 3) Improve and sustain the quality of the SE Programs' workforce

A draft Strategic Plan, based on the results of the retreat, will be distributed broadly for feedback during subsequent months. For more information, contact Laura Flint at 652-2000 or Laura.Flint@Dartmouth.EDU.

Training on New Revenue Opportunity for CRT Employment Programs

The Department of Mental Health (DMH) participated in a Division of Vocational Rehabilitation (VR) training on the new regulations for the Social Security Administration Ticket to Work program on June 25th. These new regulations, which will go into effect on July 21, 2008, present a very real opportunity for Community Rehabilitation and Treatment (CRT) employment programs to generate new revenue for serving existing consumers. VR provided training on the new regulations and facilitated a discussion around how programs can generate new income. In anticipation of the additional planning that may be required to achieve higher revenue for the CRT employment programs, DMH and VR shared plans for possible "bridge" funds that may help SE programs cover costs associated with this planning. CRT employment staff and coordinators, CRT managers and supervisors, and VR regional managers and staff participated in the training.

FUTURES PROJECT

Transformation Council

Commissioner Michael Hartman asked for peoples' thoughts on priorities for the new fiscal year beginning July 1. Discussion of what priorities lay ahead produced a list of issues ranging from continued development of peer involvement in fostering recovery to finding a viable way to pay for current service levels as well as the needs going forward. In between, the feedback included issues focused on the mental health community, such as the shortage of psychiatrists in Vermont, and the worsening economy. Sharp increases in home heating fuel, gas prices, limited public transportation, and anticipated increases in rent are of great concern to all but especially to consumers. On the positive side were words of commendation for the enhanced quality of the psychiatric unit at Rutland Regional Medical Center, which is increasingly offering inpatient treatment for people in their home community instead of Vermont State Hospital. Celebration of this past year's accomplishments were noted, including the nine new crisis beds, the first anniversary of Second Spring since opening in May 2007, the infusion of significant new money allocated for rental assistance, and implementation of two alternate transportation pilot projects to reduce the use of restraints. The Transformation Council will meet on Monday, July 28, at 2:00 to 4:15 in Waterbury.

Framework Agreements with Hospitals

DMH has recently met with inpatient providers to structure principles of collaboration for the potential development of new inpatient psychiatric programs to replace the current inpatient function of Vermont State Hospital. We now have *draft* principles that set out important concepts for the benefit of Vermonters who use inpatient mental health services and for all of us who support the public funding for these services. These draft principles reflect the Department's ongoing dialogue with consumers, family members, providers, and legislators concerning care partner responsibilities and the environment of inpatient care to replace VSH's inpatient function. The draft framework agreement is at the DMH Website: <http://healthvermont.gov/mh/futures/futureshome.aspx>

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Save the Date: Third Annual Peer Conference on Co-occurring Conditions to be held on September 26. The title of the conference will be *Walk a Mile in My Shoes: Bridging peer supports and treatment services*, and it will be held at the Holiday Inn in Rutland. To register, call Patty Breneman at 802-652-2003 or pbrenem@vdh.state.vt.us

Health Integration Project

The Division of Alcohol and Drug Abuse Programs (ADAP) and the Department of Mental Health have received legislative funding to develop a co-occurring mental health and substance use treatment model using the Blueprint for Health Framework. The model will include screening and brief intervention of co-occurring conditions in the primary care practices and referral for longer term treatment to community mental health programs. The pilot will utilize the Community Care Teams to serve as bridge connecting and coordinating primary care with community mental health. The pilots will begin in two Blueprint communities this summer.

Users Guide for Co-occurring Screening

VISI through its Clinical Practices Committee has drafted a User's Guide for Screening People with Co-occurring Mental Health and Substance Use Conditions. The User's Guide is for programs and agencies that want to have a "toolbox" of valid and reliable tools specific to certain populations for use in screening. The screening tools include mental health, substance use and trauma screens for adults, adolescents and children. Most of the tools are free and require little or no training. The Guide can also be used to develop policies and procedures for screening people with co-occurring conditions and can be used as part of an orientation for employees involved in direct service. Anyone interested in reviewing a draft of the User's Guide please call Paul Dragon at 652-2020.

Clinical Practices Committee

Our next Clinical Consult call is Wednesday, July 9 from 12 noon to 1 pm. Spectrum Youth and Family Services will be hosting this case presentation. There are continuing education credits awarded for participating in these calls. To call in or for more information contact kbrowne@vdh.state.vt.us

Dr. Ken Minkoff Training

On Friday July 11th, Dr. Ken Minkoff will be teaching advanced morning and afternoon workshops on stage wise assessment and treatment and co-occurring evidenced based treatments. This workshop is for clinicians who have a good working knowledge of co-occurring psychiatric and substance use conditions. We are looking for two case presentations for the afternoon session. If your agency is interested in providing a case presentation please call Paul Dragon at 652-2020. The training will be held at the Pavilion Auditorium, 109 State Street, Montpelier. To register, please contact Patty Breneman at 802.652.2033 or pbrenem@vdh.state.vt.us

VISI Resources

Please check out the VISI website at <http://healthvermont.gov/mh/visi/.aspx>

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at pbrenem@vdh.state.vt.us or 652-2033. They are a great addition to a waiting room or to give as handouts to consumers, peers and family and support people.

VERMONT STATE HOSPITAL

VSH Hires Coordinator for Seclusion and Restraint Alternatives Initiative

DMH has been awarded a three year grant from SAMHSA to assist us in the reduction of the use of seclusion and restraints at VSH and the Brattleboro Retreat. The grant funds two positions to support these efforts, one at each hospital.

The hiring panel assembled to select the candidate for the VSH position included: Dr. Simpatico, Anne Jerman, Dr. Bill McMains, Jane Winterling from VPS, and Terry Rowe. By unanimous consensus, Ed Riddle was selected and will begin employment on June 30th.

Mr. Riddle has held a variety of positions: as a clinician at the Assist Program, Night Supervisor at Maple Leaf Farm, Crisis Hotline Counselor, and Police Officer in Portland Oregon. He was a trainer in the "Crisis Intervention Model" from Memphis Tennessee for the Portland Police Department where he led efforts to train law enforcement personnel in the use of de-escalation strategies rather than the use of force.

Joint Commission Survey: Life Safety Code Specialist

Executive Director, Terry Rowe, announced that the Joint Commission has concluded its initial survey of the Vermont State Hospital with the completion of the Life Safety Code Specialist portion of the survey. The surveyor, Mr. Kenneth Blackwell, conducted a document review and a hospital tour as part of his review of the Vermont State Hospital's environment of care. Jon Jewett, Michael Kuhn and other representatives from Buildings & General Services (BGS) were integral in the completion of the survey, as well as Dena Weidman, Vermont State Hospital's Chief of Operations. Staff members on the units also participated in the survey by showing Mr. Blackwell the operation of the Sallyport door locking, security camera and fire safety controls. Mr. Blackwell noted in his exit interview that Vermont State Hospital is "on the right path" and that there were "not a lot of issues" related to the environment of care. Terry Rowe thanked the VSH staff for their hard work and contribution to the successful completion of the initial Joint Commission full accreditation survey.

Mr. Blackwell evaluated Vermont State Hospital using five of the Joint Commission's Environment of Care standards, to include the Statement of Conditions, Emergency Services Notification, Interim Life Safety Measures, and Generator Testing. Out of these standards, the "Requirement(s) for Improvement" report contains only two items, which reflects positively upon VSH, BGS and their combined efforts. An example of one of the hospital's Environment of Care "Requirements for Improvements" is related to the testing of VSH's off-premises emergency services notification transmission equipment. The Joint Commission requires that VSH document notification of its fire-monitoring company when it conducts fire drills to confirm the testing of the equipment. VSH will be formulating an action plan to address this requirement, as well as the other "Requirement for Improvement" and supplemental findings.

As both components of the hospital's initial Joint Commission full accreditation survey are now complete, VSH is awaiting publication of the final report from this Accrediting body which will combine the result of the May survey by Dr. Callan and the recent Life Safety Code survey by Mr. Blackwell. Once the Joint Commission publishes its final report, DMH will have 45 days to address and respond to the "Requirements for

Improvement". When these requirements are met, VSH will be eligible to receive Joint Commission accreditation.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 50 as of midnight Tuesday. The average census for the past 45 days was 44.9.